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Guidelines for the management of patients with periodontal disease

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Introduction

Recently the American Academy of Periodontology published guidelines for the comanagement of patients with periodontal disease.[1] These guidelines are intended to facilitate communication and serve as recommendations for the identification of patients who would benefit from comanagement by the referring dentist and the periodontist. Risk assessment and risk management have become an increasingly important component of dental examination and treatment. Periodontal disease can be a challenge to manage and is a major cause of tooth loss in adults. By using the guidelines as a communication tool, a dentist can make an earlier identification of patients who would benefit from specialty care.

The guidelines are divided into four main sections: narrative introduction, three levels of patient conditions, definitions of terms, and frequently asked questions. Clinical, medical and behavioral conditions are used to identify and triage a patient according to the level of risk and the severity of disease. The recommendations are intended to improve communication between the general practitioner and the specialist; not limit the scope of practice of experienced practitioners.

An explanation of terms may enable a better understanding of the stratification of the level of care. "Should" merely means the recommendation is a highly desirable direction, but not mandatory. "May" provides a choice to act or not, giving the practitioner the freedom to follow a suggested alternative. The general dentist remains the primary care provider.

Level 3: Patients who should be treated by a periodontist

Any patient with:

- Severe chronic periodontitis
- Furcation involvement
- Vertical/angular bony defect(s)
- Aggressive periodontitis (formerly known as juvenile, early-onset, or rapidly progressive periodontitis
- Periodontal abscess and other acute periodontal conditions
- Significant root surface exposure and/or progressive gingival recession
- Peri-implant disease

Any patient with periodontal disease, regardless of severity, whom the referring dentist prefers not to treat.

Level 2: Patients who would likely benefit from comanagement by the referring dentist and the periodontist*

Any patient with periodontitis who demonstrates at reevaluation or any dental examination one or more of the following risk factors/indicators* known to contribute to the progression of periodontal disease:

Periodontal Risk Factors/Indicators

- Early onset of periodontal disease (prior to the age of 35 years)
- Unresolved inflammation at any site (e.g., bleeding upon probing, pus, and/or redness)
- Pocket depths $\geq$ 5 mm
- Vertical bone defects
- Radiographic evidence of progressive bone loss
- Progressive tooth mobility
- Progressive attachment loss
- Anatomic gingival deformities
- Exposed root surfaces
- A deteriorating risk profile

Medical or Behavioral Risk Factors/Indicators

- Smoking/tobacco use
- Diabetes
- Osteoporosis/osteopenia

- Drug-induced gingival conditions (e.g., phenytoins, calcium channel blockers, immunosuppressants, and long-term systemic steroids)
- Compromised immune system, either acquired or drug induced
- A deteriorating risk profile

Level 1: Patients who may benefit from comanagement by the referring dentist and the periodontist

Any patient with periodontal inflammation/infection and the following systemic conditions:

- Diabetes
- Pregnancy
- Cardiovascular disease
- Chronic respiratory disease

Any patient who is a candidate for the following therapies who might be exposed to risk from periodontal infection, including but not limited to the following treatments:

- Cancer therapy
- Cardiovascular surgery
- Joint-replacement surgery
- Organ transplantation

As prefaced in the ninth edition of the text book "Carranza's Clinical Periodontology" by Newman, Takei, and Carranza, "The periodontal care of the public is primarily the concern of the general dentist, who cannot disregard his or her responsibility to examine, treat, or refer all periodontal problems. The high incidence of periodontal problems and the close relationship between periodontal and restorative dental therapies make this an incontrovertible point. A well-trained group of periodontists who specialize in the diagnosis and treatment of severe or unusual problems should serve to supplement the general dental care available to our population."[2]

In cases where the presentation is so severe or unusual or cases where optimal results occur after initial periodontal therapy, the decision to refer or not to refer may be less ambiguous.[2] For the patients who do not fall into either of these categories, the guidelines should serve as an aid in making the determination when a referral or comanagement would be beneficial for the patient.

These recommendations are intended to serve as guidelines for the dental team in managing patients with periodontal diseases and serve to facilitate effective communication between referring dentists and periodontists. They are intended to assist the general practitioner in quickly identifying patients who are at greatest risk and most appropriately suited for specialty care. These guidelines are not intended to serve as a medico-legal standard of care and do not replace the knowledge, skill, and abilities of the practitioner.[3] Ultimately, it is the patient who will benefit the most through risk assessment and appropriate management.

For more information and updates please visit the American Academy of Periodontics website, www.perio.org.

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[*] It should be noted that a combination of two or more of these risk factors/indicators may make even slight to moderate periodontitis particularly challenging to manage (e.g., patient under 35 years of age who smokes).

References:

1. Academy Report. Guidelines for the management of patients with periodontal diseases. J Periodontol 2006; 77(9):1-3.
2. Newman MG, Takei HH, Carranza FA. Clinical Periodontology, ed 9. Philadelphia, Saunders, 2002.
3. AAP clarifies the guidelines for the management of patients with periodontal disease. Media/Press Release Nov 28, 2006.

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